

215037209
60191

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 085	Agency Case No. B5-085047	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		TIME OF ACCIDENT 2235	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2044	09/14/2015					
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 14th Street		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE					
C 5	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
101.00		X		F Street						
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	DRIVER		PHONE	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/N 1	Parked Legally	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.				
V2/N 1	OWNER	LINDA L CLARK (05-19-49)		PHONE 3083452452	LOCAL NO.					
G 2	OWNER ADDRESS	1112 EAST 1ST ST, MCCOOK, NE 69001		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.					
H 5	LICENSE PLATE PA NO.	48G409	YEAR 2016	STATE (Of Plate) NE						
V1/O 3	VEHICLE	2004	Toyota	Solara	4 door Sedan	silver / chrome <input checked="" type="checkbox"/> TOALED \$				
V2/O 5	VEHICLE ID NO. (VIN)	4T1FA38P54U028221		INSURANCE COMPANY		United States Automotive Insurance				
TOWED TO		TOWED BY		POLICY NO. 000671856U7103						
VEHICLE NO. 2										
I 7	DRIVER LICENSE NO.	DRIVER		PHONE	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.					
V2/P 8	OWNER	DOUGLAS M FRUCHTL (01-05-78)		PHONE Unknown	LOCAL NO.					
J 01	OWNER ADDRESS	3003 P Street, Lincoln, NE 68503		CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CITATION NO.					
V1/Q 3	LICENSE PLATE PA NO.	TKC764	YEAR 2016	STATE (Of Plate) NE						
V2/Q 5	VEHICLE	2004	Jeep	Cherokee	Medium/large	blue <input type="checkbox"/> TOALED \$				
K 01	VEHICLE ID NO. (VIN)	1J4GW58NX4C290188		INSURANCE COMPANY		UNKNOWN				
TOWED TO		TOWED BY		POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085047



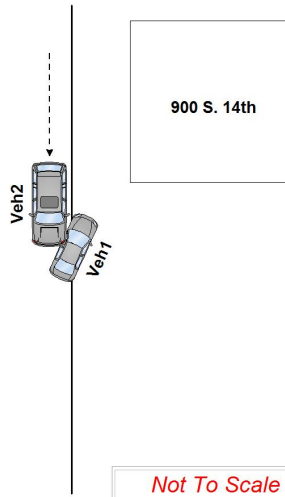
Indicate
North
by Arrow



P.O.I

101ft 1in South of the South curb line of F Street
8ft 5in West of the East curb line of S. 14th Street

41ft 5in length of S. 14th Street



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Paul drives V1 in Lincoln, but is registered to his parents, Linda. Paul stated he came outside after hearing a loud crash and witnessed V2 driving away SB from after colliding with V1. V1 was parked on the East side of the curb and V2 was traveling SB. Paul walked out to V2 and obtained the back license plate of the vehicle. Paul watched the driver of V2 drive away from the scene of the accident without stopping.
Report by #1750

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2
1	X				S. 14th Street		POINT OF IMPACT	07	POINT OF IMPACT	08					0	1
2		X			S. 14th Street		POINT OF IMPACT	07	POINT OF IMPACT	08					Y	Y
1	10	06 Turning left				MOST DAMAGED AREA	07	MOST DAMAGED AREA	08	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		
2	13	08 Entering traffic lane				MOST DAMAGED AREA	07	MOST DAMAGED AREA	08	2 Deployed - side		2 Lap & shoulder belt used		N		X
01 Essentially straight ahead		09 Leaving traffic lane				00 None		02 03 04		3 Deployed - both front/side		3 Shoulder belt only used		N		X
02 Backing		10 Parked				09 Top & windows		01 05		4 Not deployed		4 Lap belt only used		N		X
03 Changing lanes		11 Slowing or stopped in traffic				10 Undercarriage		08 07 06		5 Not applicable/ No airbag available		5 Child safety seat used		N		X
04 Overtaking/ Passing		12 Other				11 Total (all areas)				6 Unknown		6 Child booster seat used		N		X
05 Turning right		13 Unknown				12 Other						7 DOT approved helmet used		N		X
												8 Costume helmet used		N		X
												9 Restraint use unknown		N		X

OFFICER NO. 830	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Greg Cody		INVESTIGATOR SIGNATURE Approved by Officer Greg Cody	DATE OF REPORT 09/14/2015